Permit #: 20/23

county: Butes

CONFIDENTIAL UNTIL:

Date Issued: 1.29-96

Date Cancelled:

Date Plugged: 1-29-96

Misc. Form 2	11	7	5	4	31	3	OGC FORMS
		2.9.96		•	1-27-76		Date Received

Analyses			Samples	3	Logs	
core	water	core	chip			TYPE
						то #
						Date Received

Additional Submitted Data:

COMMENTS:

77.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

	APPLICATION TO DRI	rr o	DEEPEN (J PLU	JG BAÇK □			
	for an o	oil well or gas well o			Hydrocarbon Test X			
NAME OF COM	PANY OR OPERATOR		Town Oil	Co.	DATE 1-29-96			
16205 W.			Paola	•	Kansas 66071			
Addre	111	City			Siate			
	DESCRI	PTION OF W	ELL AND L	EASE				
Name of lease			Well no	mber	Elevation (ground)			
Yarick				8	870			
WELL LOCATIO	ON (give t	footage from s	ection lines)	-				
	1980 Is. from NN (S) sec. line	890	_ It from (E	1 (WF sec. line				
WELL LOCATIO	Section 21 Township	38N	Ange 33W		County Bates			
Nearest distance to property or lea	from proposed location		rom proposed					
	N/A fort	Campingo	on applied	or well on in	N/A feet			
roposed depth.	Drilling contractor, name & address	Rotary or	Cable Tools	Api	prox. date work will stert			
75	Town OII Co.	Rotar	·y	1-29-	-96			
lumber of acres i	In Icasa.				including this well. 0			
	120				0			
			Number	of abandoned	wells on lesse:			
11-					No of Waller producing			
I lease, purchased wells drilled, from	d with one or more newhom purchased: Name		N/A					
Status of Bond	Address			\$60.00	injection			
Sing	whom purchased: Name	Blanket Bi briefly describ ne) use back of	uki 🖔 Ami		Injection			
Status of Bond Sing Semarks: (II this i	is an application to deepen or plug back, ing zone and expected new producing zone.	Blanket Bi briefly describ ne) use back of	and X Amil.	done, giving pi d.	injection			
Status of Bond Sing Semarks: (II this i	is an application to deepen or plug back, ing zone and expected new producing zone.	Blanket Bi briefly describ ne) use back of	and X Amil.	done, giving pi d.	Injection			
Status of Bond Sing Temarks: (II this is product)	whom purchased: Name	Blanker Bi briefly describ ne) use back of	ne work to be a I form it neede	done, giving pi d, g To be fill	injection			
Status of Bond Sing temarks: (If this in product) roposed casing productions.	n whom purchased: Name	Blanker Bi briefly describ ne) use back of	ne work to be a I form it neede	done, giving pi d, g To be fill	injection			
emarks: (II this in product) coposed casing product. the undersigned, of that I am outh	whom purchased: Name	Blanket Bi briefly describ ne) use back of cem.	Approved casing and this report was my knowledge	done, giving prid.	injection			
ells drilled, from tarus of Bond Sing emarks: (If this i product) oposed casing pr amt, the undersigned, d that I am auth at the facts state	n whom purchased: Name	Blanket Billion briefly described on the back of the b	Approved casing and this report was my knowledge	done, giving prid.	injection O Inective O			
ells drilled, from terus of Bond Sing emarks: (If this i product oposed casing pr amt, the undersigned, d that I am auth at the facts state	n whom purchased: Name	cem. Dort, end that to the brist of Signatur	and X Ami	done, giving prid.	Injection On FILE ATTACHED CESCOL			
ells drilled, from tatus of Bond Sing emarks: (If this i product) oposed casing pr amt, the undersigned, of that I am auth at the facts state fival Date.	n whom purchased: Name	Blanket Billion briefly described back of the base of	Approved casing and knowledge of the column	g To be fill size	injection Denotive abandoned On FILE ATTACHED CESCOLI Tescoli Cescoli Cescoli N/A willi cem. To print stem test info. required it is samples required.			
ells drilled, from tarus of Bond Sing emarks: (If this is product) opposed casing product amit, the undersigned, d that I am auth at the facts state froval Date. roval Date.	whom purchased: Name	briefly described use back of the briefly described to the briefly described to the briefly of t	and X Ami	g To be fill size	injection Inective Don FILE ATTACHED ATTACHED Second Secon			
the undersigned, at the lacts state the undersigned, at that I am auth the facts state froval Date. Troval Date. Troval Date. Troval Date. Troval Date. Troval Date.	n whom purchased: Name	Blanket Billion briefly described back of the base of	Approved casing and knowledge of the column	g To be fill size	injection Denotive Don FILE DON FILE DATTACHED Second Seco			

Approval of this permit by the Oil and Gas Council does not constitute endorsement of the geologic mersts of the proposed well not endorsement of the qualifications of the permittee.



Town Oil Co.						16205 W. 287 St. Paola, KS. 66071 WELL NUMBER PERMIT NUMBER (OGC-3 OR OGC-3) NUMBER					
NAME OF LEASE						WELL NUMBER					
Yarick						8	20123				
						NG OR BLOCK A SURVEY	COUNTY				
1700 101 070 111						CHARACTER OF WELL AT COMP	Bates LETION (INITIAL PRODUCTION) DRY?				
OIL OR GAS?					A5*	OIL (BBLS/DAY)	A GAS (MCF/DAY)				
Town Oil Co. □ YES □ KNO					ES XNO				The state of the state of		
DATE ABANDONED TOTAL DEPTH AMOUNT WELL PRODUCING						TO ABANDONMENT N/A WATER (BBLS/DAY)					
1-29-9	96	20			OIL (BBLS, DAY)	GAS (MOT.SAT)					
gas. Indicate	th formation con which formation of abandonment	n open to well	AS CONTRACTOR	content o	feach formation	Depth interval of each fo	rmation	Size, kind, & c	depth of plugs used, giving		
								2 sacks	cement		
SIZE	PULLIN WELL (F.)		PULLED (FT)		LEFT IN WELL (FT)	GIVE DEPTH AND METHOD OF PARTING CASING (SHOT, RIPPED, ETC.)		PACKERS AND SHOES			
N/A				-							
					[H, #4 , -1 %	T (TEI	VEI			
							2 240	1			
						F	FR 09	1996 ***			
						100	18 G	Counc			
WAS WELL FIL	LED WITH MUD-L	ADEN FLUID?			INDICATE DEEPEST FOR	MATION CONTAINING THESH	if or or	,,,			
NAME AN	D ADDRESS	ES OF ADJ	ACENT LEA	SE OP	ERATORS OR OWN	ERS OF THE SURFACE					
	NAI	ME			ADDR	ESS		DIRECTION FR	OM THIS WELL		
N/A											
METHOD	OF DISPOS	AL									
OF	MUD PIT	•		N/A							
CO	NTENTS										
NOTE	FILE THIS FORM	IN DUPLICATE V	VITH (USE REV	ERSE SIDE	FOR ADDITIONAL DETAIL	1					
CERTIFI	CATE > 1.	the undersi	gned, state	that I ar	m thepartn		_ of the	Town Oil			
	(Company),	and that I a	am auth	norized by said con	npany to make this repo					
supervision and direction and that the facts stated					mat the ideis state	d therein are true, correc	DATE	inplete to the	best of my knowledge.		
	Lul	u 1	Deo	n	AR TENEDUCE			-19-96			
140 300 0013	10.04	D	THE TWO CO	DIEC TO	O CIVA NO IGNOCOSINA	SAS COUNCIL PO BOX 250 F	TOLLA MOR	5401			